140% 134 0506

STATEMENT OF

FORM 1	RM 1 ORGANIZATION								EIVED		
1. NAME OF COMMITTEE (in	n full)		heck if name changed)		ample:If typier the lines.	ing, type		4M5 MA	ice Useronio IL CEN		
COFFMAN	FOR C	ONG	RESS 2	2016		<u> </u>		<u> </u>			
		1 1 1	1 1_1 1	1 1 1		<u> </u>		1 1 1			
ADDRESS (number and street) (Check if address is changed)		4950 S YOSEMITE STREET									
		F2 #511									
		GREENWOOD VILLAGE CITY						801		CODE A	
COMMITTEE'S E-MA	AIL ADDRES	S									
(Check if address is changed)		PAUL@	PDSCOMP	LIANCE	.COM	1 1 1 1	<u> </u>	<u> </u>			
·	,	Optional S MGOO	Second E-Mail	Address COMPL	IANÇE _, C	ОМ					_]
(Check if is changed		·····································	PFMANFORCO	ONGRESS	COM				111		
3. FEC IDENTIFIC	CATION NUI	MBER ▶	С								
4. IS THIS STATE	MENT 🔀	NEW	(N) OF	R [AME	NDED (A)	·			· ·	·
I certify that I have		_	_	best of my	/ knowledge	and belief i	t is true, c	orrect and	complete.		
Signature of Treasur	er	Jan	I K	lg			Date	M M /	11	2.6.1	Ý
NOTE: Submission of			mplete informa GE IN INFORI						penalties of	f 2 U.S.C. §43	7g.
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